

Fit for the Future Engagement Report

- **Public Workshop**
- **Thursday 9 July 2026, 11am-12.30pm**
- **Revival Fires, 117 to 120 Wolverhampton St, Dudley, DY1 3AL**
- **Engagement Report Published in August 2026**

1. Background

Our Fit for the Future public workshop marked the launch of our Group Strategy and the beginning of a programme of ongoing engagement with our patients, communities, staff and partners about the future of local NHS services. The workshop, held on 9 July 2026 at Revival Fires in Dudley, was the first in a programme of regular opportunities for people to understand the direction of travel for local NHS services, share their experiences and priorities, and influence how we deliver our Group Strategy.

Our Group Strategy sets out our ambition to improve the health and life chances of the people we serve, while responding to increasing demand for healthcare, workforce pressures, financial constraints and the changing health needs of an ageing population. We recognise that continuing to deliver services in the same way is not sustainable. Our strategy therefore sets out a direction towards stronger community-based care, prevention, greater use of digital technology and closer partnership working.

The introduction of our NHS Group Model provides an important context for these changes. The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust have been working closely together and formally began working as an NHS Group Model in April 2026. Through this model, we are working together where this can improve services, support our staff and make better use of public resources, while both Trusts remain separate statutory organisations with their own local identity and accountability.

The workshop provided an opportunity for us to introduce these new ways of working and explain why change is needed, while giving local people an early opportunity to influence our thinking about how changes should be developed and delivered. We recognise the importance of involving our communities early, so that the experiences, priorities and concerns of patients, communities and partners can be considered alongside organisational and system priorities. We designed the workshop around listening and learning, encouraging participants to share what matters most to them, what is working well and what they believe needs to change.

Our engagement is not intended to be a one-off exercise. We have committed to a programme of regular public workshops across Dudley, Sandwell and West Birmingham, providing ongoing opportunities for people to hear about progress against our strategy, understand upcoming changes, ask questions of decision-makers and influence future priorities and service developments. The feedback from this workshop will therefore contribute not only to the development of our future plans and service design, but also to the focus of our subsequent engagement activity.

The workshop had four principal objectives:

- to launch our Group Strategy and explain why change is needed;
- to provide context on the national NHS agenda and what this means locally;
- to give local people an opportunity to influence our future plans and priorities; and
- to strengthen our relationships with partners and communities by creating space for meaningful discussion.

This report documents the engagement we undertook, the stakeholders who participated, the views and experiences they shared during the workshop, and the key themes arising from the discussions. It provides a transparent record of what we heard and how we will use this feedback to inform our ongoing engagement, planning and development of future services.

2. Purpose of the workshop

The purpose of the Fit for the Future workshop was to begin an open and ongoing conversation with our patients, communities, staff and partners about the future of local NHS services.

The workshop provided an opportunity for us to introduce our new Group Strategy and explain the context for change, including the national NHS direction and the challenges facing our local services. We wanted to ensure that participants understood why we need to change the way we work and how our Group Strategy responds to the needs of our local population.

Importantly, the workshop was designed not simply to present our plans, but to create space for participants to share their experiences, priorities and ideas. We wanted to hear what matters most to people, what is working well and what needs to change, so that their views could help inform how we develop and deliver new ways of working and future services.

The workshop therefore had five key purposes:

- **To introduce our Group Strategy** and explain our ambition to improve the health and life chances of the people we serve.

- **To explain why change is needed**, including the increasing demand for healthcare and the workforce and financial pressures facing our NHS services.
- **To discuss future ways of working**, including our ambition to work more closely as a Group and move towards stronger community-based care, prevention, digital solutions and partnership working.
- **To gather the views, experiences and priorities of local people and our partners**, so that these can help inform future planning, service development and how we deliver change.
- **To build long-term relationships with our patients, communities and partners**, creating opportunities for continued dialogue and involvement as our strategy develops.

We were clear that this workshop was the beginning of a longer-term conversation rather than a one-off engagement activity. We want to continue to listen, learn and work with our communities as we develop our plans, with future workshops providing opportunities to hear about progress, understand upcoming changes, ask questions and influence future priorities and service developments.

The discussions captured through this workshop therefore provide an important early insight into what matters to the people and organisations we serve. This report sets out what we heard and provides a record of the feedback that will help inform our ongoing engagement and the development of future services.

3. Who we spoke to

Our workshop brought together a broad range of people and organisations with an interest in, and understanding of, local health and care services. As this was our first public workshop in Dudley, the event provided an opportunity to hear specifically from people and organisations connected to the Dudley community, while also welcoming representatives from across the wider Black Country and West Birmingham area.

The workshop was attended by representatives from our Trust, local government, NHS and health partners, elected representatives, community and voluntary organisations, local services and organisations that work directly with patients, carers and communities. We were able to hear from a wide range of community leaders and organisations that represent and support diverse communities across Dudley and the wider area. These organisations have established relationships with local people and provide services and support to people who may experience health inequalities or face barriers in accessing health and care services.

This was particularly valuable in helping us understand the experiences and priorities of communities beyond those who were able to attend the workshop as individuals.

We also heard from partners who work directly with our patients and communities across a range of settings, including primary care, social care, community services, care homes, voluntary and community organisations, hospices and support services.

3.1 Stakeholder groups represented

The workshop included representation from the following stakeholder groups:

NHS and health partners

- The Dudley Group NHS Foundation Trust
- Black Country Healthcare NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- NHS Black Country Integrated Care Board
- General practice
- Local Pharmaceutical Committee
- Trust Governors.

Local government and public services

- Dudley Council, including Public Health, Health Improvement and Community Development representatives
- Local councillors
- Department for Work and Pensions
- Representatives from MPs' offices.

Voluntary, community and faith sector organisations

- **Dudley Stroke Association** – local charity providing advice, support and information to people who have suffered a stroke and their families/friends.
- **Brushstrokes** – community project supporting and empowering asylum seekers, refugees and migrants.
- **ABL (A Better Life)** – community driven health provider commissioned to offer integrated wellbeing services across Dudley.
- **Support4Cancer** – providing a range of services to those affected by cancer.
- **Black Country Foodbank**- helping vulnerable individuals and families in crisis through the provision of 3 days emergency food supplies.
- **Revival Fires** – a Christian church in Dudley transforming lives and communities.
- **Integrated Plus** – a social prescribing support service delivered by Dudley Council for Voluntary Service.

- **Active Black Country** – creates and maximises opportunities for local people to find it easier to be physically active, move and play sport.
- **We Love Carers** – a charity run by carers for carers providing support and information.
- **Aspire 4U** – community engagement specialists aiming to enrich lives and inspire people.
- **Provision House**- charity and social enterprise based in Dudley working to restore dignity, hope and independence for people facing hardship.
- **West Bromwich African Caribbean Resource Centre** – committed to education and social care and health cultural awareness and relief of poverty.
- **Sandwell Deaf Community Association (SDCA)** - supporting deaf people to live connected, confident lives.

Care, support and community services

- **Home Instead**- offering specialised care at home for the elderly
- Local care homes.
- **Alcedo Care** - delivering home care services promoting independence.
- **Mary Stevens Hospice** – providing end of life and palliative care.
- **Beacon Centre**- supporting people living with sight loss across the Black Country and Staffordshire.

Together, these organisations provide support across a wide range of health, care, community, wellbeing and social needs. Their involvement provided an opportunity to hear perspectives from organisations working directly with patients, carers and communities, including people who may not routinely engage with NHS engagement activity.

3.2 Attendance

A total of **52** people attended the workshop.

The table below sets out the stakeholder representation at the event. Where individual attendance numbers were captured, these are included to provide a clear record of who participated.

Stakeholder group	Number attending
Trust staff and Governors	5
NHS and health partners	4
Dudley Council / local government	3
Elected representatives / MPs' offices	2
Voluntary, community and faith sector	12

Community and support organisations	5
Primary care / general practice	1
Care homes and care providers	1
Patients / members of the public	19
Total	52

4. How we engaged

We designed the Fit for the Future workshop to provide a balance between sharing information about our Group Strategy and, importantly, creating space for participants to share their experiences, priorities and views about the future of local NHS services.

The workshop used a combination of presentations, facilitated discussion and opportunities for questions and reflections. This approach enabled us to provide a shared understanding of the reasons for change and our future direction, before asking participants to consider what these changes could mean for patients, communities and services.

4.1 Workshop format

The workshop comprised five main elements:

Presentation - We began by introducing the Fit for the Future programme and our new Group Strategy. The presentation provided context about who we are, why we are working together, the challenges facing our services and the reasons why we need to change the way we work. It also outlined our ambition to strengthen community-based care, focus on prevention, make better use of digital technology and work more closely with partners and communities.

Video - A short animation was shown to provide participants with an overview of our Group Strategy and the changes we are seeking to make. This was intended to give participants a clear and accessible introduction to our future direction before the discussion sessions began.

Facilitated table discussions - The main engagement activity was a series of facilitated table discussions. Participants were invited to discuss the future of local services and share their views, experiences and priorities in response to the questions provided.

Each table had a facilitator who introduced the discussion, encouraged participation and helped ensure that everyone had an opportunity to contribute. Facilitators were asked to encourage a broad range of views, avoid allowing any one person to dominate the discussion and capture the key themes emerging rather than attributing individual comments.

The discussions focused on five areas aligned to our Fit for the Future programme:

- **Community Care** – Health and care services provided outside of hospital, supporting people in their homes and local communities.
- **Elective Care** – Planned healthcare, including appointments, tests, procedures and treatment that are arranged in advance.
- **Outpatients** – Care provided without an overnight hospital stay, including consultations, assessments, follow-ups and ongoing management.
- **Diagnostics** – Tests and investigations used to understand a person's health, identify conditions and support decisions about treatment.
- **Neighbourhood Health** – Health and care services working together around the needs of people in a local area, with a focus on joined-up support and prevention.

Feedback session - Following the table discussions, facilitators were invited to share one or two reflections from their table with the wider group. This provided an opportunity to hear a selection of themes from across the room and allowed participants to hear different perspectives from other tables.

Open questions and reflections - The workshop concluded with an opportunity for participants to ask questions and share further reflections with the wider group. This provided an additional opportunity for participants to raise issues that may not have been covered during the table discussions and to seek clarification directly from members of the organisation.

4.2 How we captured feedback

The emphasis throughout the discussion sessions was on listening and understanding what mattered to participants. Facilitators captured the key points and themes emerging from each table discussion rather than recording individual comments or attributing views to specific participants.

This approach allowed participants to contribute openly and encouraged a range of perspectives to be heard. Facilitators were specifically asked to encourage everyone to contribute, ensure that no single person dominated the conversation and capture the key themes emerging from the discussion.

The feedback presented in this report therefore reflects the themes and issues raised collectively during the workshop, rather than representing the views of every individual attendee or suggesting that there was consensus on every issue.

We have sought to reflect the feedback accurately and objectively, including areas where participants identified opportunities, raised concerns or highlighted issues that they felt needed further consideration.

5. Discussion topics

The table discussions provided an opportunity for participants to explore what our future ways of working could mean for patients, communities and local services. Participants were encouraged to share their experiences, priorities and ideas, with facilitators capturing the key themes emerging from each discussion.

The discussions focused on five areas aligned to the themes within our Fit for the Future programme:

- **Transforming Community Care** - Participants considered the future of community-based care and what is needed to support people to receive more care closer to home. The discussion provided an opportunity to explore how services could work differently to better support people in the community and help people stay healthier for longer.
- **Transforming Planned Care (also referred to as elective care)** - This discussion focused on planned care and how we can improve the way patients move through planned services. Participants were invited to consider what is working well, what could be improved and what matters most to people when accessing planned care.
- **Transforming Outpatient Care** - Participants discussed how outpatient services could be transformed to provide more care in the community and make more effective use of NHS resources. The discussion explored what matters to people when accessing outpatient care and how services could be designed differently to improve access, experience and outcomes.
- **Transforming Diagnostic Care** - The diagnostics discussion explored how we can improve access to and delivery of diagnostic services as part of our future ways of working. Participants were invited to share their experiences and views on what matters when people need diagnostic tests and how services could be improved.
- **Transforming Neighbourhood Health** - The neighbourhoods discussion considered how health and care services can work more closely with communities and local partners. Participants explored the importance of understanding the needs of different neighbourhoods and working together to support healthier communities and reduce health inequalities.

Across all five areas, we were interested in hearing what participants felt was working well, what needed to change and what should be considered as we develop our plans.

The discussions were intended to complement the wider Group Strategy and provide an opportunity for participants to influence how the strategy is translated into future service design and delivery.

These discussions also reflected our wider ambition to strengthen community-based care, focus more on prevention and work in partnership with local organisations and communities to improve health outcomes.

6. What we heard?

Across the discussions, participants highlighted a number of positive experiences and strengths within existing services, alongside concerns about communication, access, coordination and consistency. There was a strong emphasis on making services easier to navigate, more personalised and better connected, while retaining the local relationships and community assets that people value.

The following sections summarise the key themes that emerged in response to the four questions explored during the discussions.

Important note: The findings below represent the themes captured by facilitators during the workshop. They are not intended to suggest that every participant held the same view or that there was consensus on every issue.

6.1 What works well?

What we heard

Participants identified a number of strengths within current services and highlighted examples of good practice that they would like to see retained and built upon.

Theme 1: Caring, expert staff and trusted local services

Participants spoke positively about the compassion, expertise and commitment of NHS staff. Confidence in clinicians was identified as an important strength, alongside strong trust in local hospitals and a desire to retain services that meet the needs of local communities.

Theme 2: Care closer to home and flexible ways of accessing services

Participants valued local and community-based provision, including outpatient services delivered away from the main hospital site at locations such as Guest, Corbett and Merry Hill. Virtual appointments were also seen as positive where they were appropriate for the individual.

There was also positive feedback about protected elective hubs, with participants recognising the benefits of dedicated elective capacity in supporting more reliable and timely planned care.

Theme 3: Partnership working and community assets

Participants recognised the value of organisations working together across health, care and the community. Examples included community partnership teams, the Community Bridge Service, links with pharmacies and opticians, and partnerships between local authorities and community organisations. In discussions about neighbourhood health, participants identified a wide range of existing community assets that help people stay healthy, connected and supported, including faith centres, local groups, cafés, supermarkets, leisure facilities, GP practices and walking or running groups.

Theme 4: Early diagnosis and community-based diagnostics

Participants highlighted the benefits of early diagnosis and community-based diagnostic and screening activity. Community health champions and existing community diagnostic initiatives were viewed positively, alongside the NHS App where people are able to access it.

Key messages

Participants told us that there are strong foundations to build on. They value compassionate and expert staff, trusted local services, care closer to home, flexible access and effective partnership working. They want future changes to build on these strengths rather than lose the things that currently work well.

6.2 Question 2: What doesn't work well?

What we heard

The strongest recurring concerns related to communication, fragmented services, accessibility and the amount of effort required from patients to navigate the health and care system.

Theme 1: Communication and information

Communication was a consistent concern across the discussions. Participants described difficulties receiving clear information, accessing appropriate communication methods and understanding what would happen next in their care. This included concerns about communication between services, accessible information for people whose first language is not English, and the need for different communication options. Participants also highlighted the risk of digital exclusion where services increasingly rely on digital tools.

Theme 2: Fragmented and poorly coordinated care

Participants described experiences where services did not always feel joined up. Concerns included gaps between General Practice, hospital services, voluntary organisations and community support, as well as difficulties sharing information across services. In community care, participants highlighted difficulties around discharge information, communication of personal needs between services and uncertainty about what patients should expect after leaving hospital.

Theme 3: Access, delays and flexibility

Participants raised concerns about delays, cancellations and difficulties accessing services. In planned care, participants highlighted waiting times and the impact of cancellations on confidence and experience. Participants also wanted greater flexibility around appointment times, locations and how they communicate with services. In outpatient care, not being able to choose appointment slots and difficulties changing appointments were specifically highlighted.

Theme 4: Inequalities and barriers to access

Participants highlighted that services do not work equally well for everyone. Issues raised included language barriers, digital exclusion, accessibility for the deaf community, transport, parking and difficulties accessing services for people with different needs. There were also concerns that service changes and geographical boundaries can create barriers, particularly where organisations and partners are not well connected.

Key messages

Participants told us that navigating health and care services can be difficult. Communication, fragmented pathways, delays and accessibility barriers can place too much responsibility on patients to coordinate their own care. Participants want services to work more seamlessly around people's individual needs.

6.3 Question 3: What matters most?

What we heard

Across the discussions, participants consistently focused on the importance of person-centred care, simple access, continuity, local services and strong relationships.

Theme 1: The right care, in the right place, at the right time

Participants wanted people to receive the right care from the right professionals, in a setting that is appropriate to their needs and at the right time.

Easy and timely access was considered essential. Participants also wanted unnecessary hospital visits to be reduced and for appointments and investigations to be coordinated so that people can make the most of each visit.

Theme 2: Personalised care and ownership

Participants wanted greater ownership of care and services that recognise individual circumstances rather than expecting everyone to navigate services in the same way. In outpatient care, participants highlighted the importance of being able to choose communication methods that suit them. In community care, they called for staff to be trained to provide personalised communication and not assume that one approach will work for everyone.

Theme 3: Local, connected and accessible support

Participants placed significant value on local services and the existing strengths within Dudley communities. In the neighbourhood health discussion, participants emphasised that people and relationships matter, decisions should be made with communities, support should feel local and connected, and everyone has something to contribute. Transport was also identified as an important factor in helping people access care and remain healthy and connected.

Theme 4: Joined-up services and strong relationships

Participants wanted health and care organisations to work together more effectively, with better links between primary care, hospital services, social care, voluntary organisations and community support. They also emphasised the importance of maintaining the strong community relationships and assets that already exist in Dudley. There was a clear message that working as a Group should not mean losing the local identity, relationships and strengths of individual communities.

Key messages

Participants told us that good care is personal, accessible, local and connected. They want services to work around people's needs, rather than people having to navigate complex systems themselves, and they want us to build on the strong relationships and community assets that already exist in Dudley.

6.4 Question 4: What would you change?

What we heard

Participants offered a wide range of practical suggestions for improving services. While these differed across the discussion areas, there were common calls for simpler access, better communication, greater flexibility, improved coordination and more care delivered closer to home.

Theme 1: Make access simpler and more flexible

Participants wanted greater flexibility around appointments, including the ability to change appointments easily and have more choice over appointment locations and times. They also supported multiple communication options, with people's communication preferences recorded and remembered. Participants also wanted services to be more pragmatic and patient-centred, with less unnecessary bureaucracy and greater flexibility around individual circumstances.

Theme 2: Improve communication and care navigation

Participants suggested clearer and more accessible information throughout the care pathway, including better information following discharge. There was support for greater use of digital tools, including app-based communication, but this was accompanied by recognition that digital approaches must not replace personal contact or exclude people who cannot or do not want to use digital services.

Participants also suggested greater support for people with complex or multiple conditions, including care navigation and opportunities to address multiple needs in a single appointment.

Theme 3: Join up services around the patient

Participants wanted stronger links between health and social care and better coordination across the whole care pathway. Suggestions included named care managers or care coordinators, better sharing of information, more coordinated appointments and investigations, and stronger integration between General Practice, community services, voluntary organisations and hospital services.

Theme 4: Take more care and support into communities

Participants supported greater use of community settings and community assets, including opportunities to provide clinical services closer to where people live. Suggestions included making better use of pharmacies and other local services, increasing community diagnostic provision, considering mobile diagnostic services and making better use of existing community spaces and organisations. Participants also identified practical barriers that would need to be addressed if more services are delivered in community settings, including Wi-Fi connectivity, infection control, geographical boundaries and communication between partners.

Key messages

Participants want us to make services easier to access, easier to navigate and better connected. They want greater flexibility and choice, more personalised communication, better coordination between organisations and more opportunities to access care and support closer to home.

7. Cross-cutting themes

Across the different discussion areas, a number of common themes emerged. While participants were discussing different services and aspects of our Group Strategy, there were clear similarities in what they told us about their experiences and what they would like to see from future ways of working.

People want services to be easier to navigate - people told us that navigating health and care services can be difficult. Participants described a system where people can sometimes be required to understand different services, processes and organisations and take responsibility for coordinating their own care. They told us that services should be easier to access and navigate, particularly for people with complex or multiple needs. Participants suggested clearer information, better care navigation and named care coordinators as ways of helping people understand where to go and what to expect.

Communication needs to work for everyone - people told us that communication is fundamental to a good experience of care. Participants consistently highlighted the importance of clear, timely and accessible communication. This included being kept informed about appointments, knowing what will happen next, receiving appropriate information following discharge and being able to communicate with services in ways that work for them.

Participants also highlighted the need to recognise different communication needs, including language barriers, digital exclusion and accessibility for the deaf community. They told us that digital communication can provide benefits but should not replace personal contact or become a barrier for people who cannot access digital services.

People want care to be joined up around them - people told us that services need to work better together. Participants described experiences where care can feel fragmented, particularly where people move between General Practice, hospital, community, social care and voluntary sector services. They wanted better sharing of information, stronger relationships between organisations and more coordinated pathways. There was support for approaches that enable people to have their different needs considered together, rather than having to navigate separate services independently.

Local matters - people told us that local relationships and community assets are important. Participants highlighted the value of receiving care close to home where appropriate and spoke positively about the existing strengths within Dudley communities. The neighbourhood discussion identified a wide range of places and organisations that already help people stay healthy, connected and supported, including faith centres, local groups, cafés, leisure facilities, GP practices and community organisations.

Participants felt that these existing assets should be recognised and built upon as we develop future ways of working. There was also a strong message that working differently across the Group should not mean losing the local identity, relationships and strengths that already exist within individual communities.

Access and flexibility matter - people told us that services need to be more flexible around people's lives. Participants wanted greater choice and flexibility around where and when they receive care, including appointment times, locations and methods of communication. They also highlighted practical barriers such as transport, parking and accessibility. Participants suggested that bringing more services into community settings and making better use of existing local facilities could help reduce some of these barriers.

Digital can help – but it must not exclude people - people told us that digital solutions have a role, but they need to be designed around people's needs. Participants recognised the benefits of virtual appointments, app-based communication and digital tools where people are able and willing to use them. However, they also highlighted digital exclusion and the importance of retaining non-digital options. The message was not that digital should replace other forms of care and communication, but that it should provide additional choice and flexibility while ensuring people can still access support in ways that work for them.

Prevention starts in communities - people told us that communities already play an important role in keeping people healthy. Participants identified a wide range of community groups, organisations and everyday places that contribute to prevention, wellbeing and social connection. They felt there was an opportunity to make better use of these existing assets and improve awareness of what is available locally. Participants also highlighted the importance of making information about community support easier to find and ensuring that people who are digitally excluded are not left behind.

8. What this means?

The feedback from the workshop provides us with an important early insight into what our patients, communities and partners value, where they see opportunities for improvement and what they need from us as we develop our future ways of working. The feedback highlighted the following:

Strong support for:

- **Building on the strengths of our existing services and staff** - Participants spoke positively about the compassion and expertise of staff, trusted local services and examples of effective partnership and community working. There was a clear message that future change should build on what is already working well.

- **Care that is connected and personalised** - Participants supported the principle of providing care closer to home where appropriate and wanted services to be designed around individual needs rather than requiring people to navigate complex systems themselves.
- **Greater partnership working** - Participants recognised the contribution made by NHS organisations, local government, voluntary and community organisations and other local partners. They supported stronger collaboration across these organisations to improve the experience and outcomes for local people.
- **Continuing the conversation** - There was strong interest in further opportunities to discuss the strategy, understand progress and contribute to its development. Participants welcomed the opportunity to hear from other organisations and share their own experiences and expertise.

Concerns regarding:

- **The complexity of navigating services** - Participants told us that people can be required to navigate different services and organisations themselves, with gaps in communication and coordination creating additional challenges.
- **Communication and digital exclusion** - Participants raised concerns about people not always receiving clear information or being able to communicate with services in a way that meets their needs. Digital solutions were welcomed where appropriate, but participants were clear that digital approaches should not exclude people or replace personal contact.
- **Delays, accessibility and inconsistency** - Waiting times, cancellations, inconsistent processes between services and sites, transport and other practical barriers were identified as issues that can negatively affect people's experience of care.
- **The risk of losing local strengths** - While there was enthusiasm for working differently across the Group, participants also emphasised the importance of retaining local relationships, knowledge and community assets. There was a desire to ensure that working across organisations does not result in local communities losing their voice or identity.
- **Capacity and funding within community services** - Participants highlighted that voluntary and community organisations play an important role in prevention and supporting communities but also recognised that these organisations need appropriate resources and funding to sustain and expand their contribution.

Opportunities to:

- **Make care pathways simpler and more joined up** - There is an opportunity to improve coordination between General Practice, hospital, community, social care and voluntary sector services, with better information sharing and clearer ownership of care.
- **Make greater use of community assets** - Participants identified many existing community organisations, groups and places that already contribute to health, wellbeing, prevention and social connection. There is an opportunity to build on these assets and improve awareness of what is available locally.
- **Increase choice and flexibility** - Participants suggested greater choice around appointment times, locations and communication methods, alongside opportunities to provide more services closer to where people live.
- **Strengthen co-production** - Participants expressed an interest in moving beyond simply being informed about change and having opportunities to help shape how changes are designed and implemented. This included suggestions for focus groups, smaller discussions, patient involvement and taking conversations directly into communities.
- **Use digital solutions where they add value** - There are opportunities to use digital tools to improve communication, access and flexibility, provided that alternative routes remain available for people who need or prefer them.
- **Strengthen links with primary care and community partners** - There is an opportunity to improve connections between the NHS, General Practice and the wider network of community organisations, groups and services that support people to stay healthy and well.

Areas requiring further engagement:

The workshop provided an important starting point, but participants' feedback also highlighted areas where we need to continue listening and involve people as our plans develop.

Further engagement will be important to understand:

- what good communication and information looks like for different communities.
- how people with complex or multiple conditions can be better supported.
- how we can improve access for people who experience barriers, including transport, disability, language and digital exclusion.
- how community organisations and local assets can contribute to future models of care.
- how we can maintain local relationships and community identity as we work differently across the Group.

- how future services can better meet the needs of deaf, blind and other communities who may experience barriers to accessing care.

Our ongoing programme of engagement will provide opportunities to explore these issues in greater depth and hear from a wider range of patients, carers and communities.

9. What happens next

Following the workshop, we reviewed and analysed the feedback captured across all discussion groups. We have then produced this report detailing the key themes, opportunities and concerns raised by participants.

We will now share a summary of what we heard with attendees and consider the feedback alongside our existing knowledge, evidence and service information.

Where we have identified areas for further engagement, we will use this to inform the focus of our future workshops.

We will also raise the specific issues raised by participants that require further exploration.

9.1 How we will use the feedback

The feedback will be used to:

- inform the development of our plans and priorities.
- identify opportunities to improve the patient and community experience.
- highlight issues that require further consideration.
- identify areas where further engagement is needed.
- inform the design of future engagement activity.
- help us test and refine proposals as they develop.

9.2 Future engagement

We are committed to continuing the conversation with patients, communities, staff and partners. Future engagement will provide opportunities to explore the insights raised at this workshop in more depth and to involve people in the development of future services. We will seek to broaden participation and hear from people and communities who may not have been represented, or who may face particular barriers to engaging with NHS services.

This will allow us to move from understanding what matters to people towards working with people to explore how future services could work in practice.

We will keep listening, keep people informed and keep communities involved as our plans develop. We will share what we have heard, explain what happens next and show how engagement has influenced our thinking.

If you would like to keep in touch and receive updates on opportunities to be involved, please contact the involvement team via 01384 456111 or email dgft.involvement@nhs.net